[Report 1954] / Medical Officer of Health, Chard U.D.C. / Borough.

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BOROUGH of CHARD

Annual Report

OF THE

Medical Officer of Health

for the Year ended 31st December, 1954

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:
A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:
P. P. FOX, M.B., Ch.B., D.P.H.

Sanitary Inspector:
P. H. WEBB, M.I.M. & C.E.

PUBLIC HEALTH COMMITTEE.

R. W. M. Hocken (Chairman)
M. H. Collins
S. Adcock
M. A. Bryer
J. Case
F. E. Dare
L. Fisher
E. E. Huish

HOUSING COMMITTEE.

S. Adcock (Chairman)
S. C. Major
E. T. Phelps
Mrs. M. A. Bryer
F. E. Dare
L. Fisher
C. J. Rose

HEALTH VISITORS

E. G. Major, S.R.N., S.C.M., H.V.
G. E. Slocombe, S.R.N., S.C.M., H.V.
J. D. Ralston, S.R.N., S.C.M., H.V.
H. E. Parker, S.R.N., S.C.M., H.V.
Mrs. J. M. Pitt, S.R.N., S.C.M., H.V.

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BOROUGH OF CHARD

Annual Report of the
MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Chard.

Mr. Mayor and Councillors,

I beg to submit my Annual Report for 1954.

Few infectious diseases were notified during the year. There was a decline in the Birth Rate and a slight increase in the Death Rate.

The Annual Report of the Medical Officer is a statutory duty, and the headings under which he must summarize the year have been laid down by the Ministry. There is therefore a considerable danger of it becoming an "Annual Repetition." I try to avoid this by stressing different aspects of Public Health each year. Some may not be the direct concern of the Borough Council, but they all have an indirect bearing on the work of the Public Health Committee.

I wish to acknowledge the courtesy shown me by the Public Health Committee and the Council during the year.

I am, Mr. Mayor and Councillors,

Your obedient Servant,

A. M. McCALL,
Medical Officer of Health.

SECTION A.

Statistics and Social Conditions of the Area

Population.

The Registrar General gives the estimated mid-year population for 1954 as 5,400, a slight increase on the previous year, as was forecast. This trend can be expected to continue during the next few years.

In Appendix A Table 1 are shown the General Statistics of the Town.

Birth Rate.

The Birth Rate for the year was 14.3 per thousand, which is slightly below the figure of 15.2 for England and Wales as a whole.

Details are shown in Appendix A Table 2.

Death Rate.

The Death Rate was 13.3 per thousand, which is higher than last year. When the comparability factor of 0.88 is taken into account, it gives a figure of 11.7, which is very similar to the figure of 11.3 for England and Wales as a whole. The causes of death are shown in Appendix A Table 3. Once again Heart Disease and associated diseases of the circulatory system are in the unenviable position at the top of the list as the greatest killers. Cancer was next, two cases of which were Cancer of the Lung in males. There is a recorded increase in the incidence of Lung Cancer in this country and the Advisory Committee on Cancer which has had the matter under consideration for three years, has advised the Minister that it must be regarded as established that there is a relationship between smoking and Cancer of the Lung. It is desirable that young people should be warned of the risk apparently "attendant on excessive smoking."

Infant Mortality.

There was one case of death of an infant under the age of one year. There were two stillbirths.

Maternal Mortality.

No case of maternal mortality occurred in Chard during 1954.

The decline in infant and maternal mortality in recent years is not only undoubtedly due to improved standards of hygiene, but also to the first of the class of medicines called antibiotics, Penicillin. It is not inappropriate at this moment to mention the discovery of this drug.

Alexander Fleming was 47 years old

when he made the observation that has made him immortal. The discovery of Penicillin is one of the outstanding medical events of this century. In this field it is the equivalent of the finding of the atomic bomb.

Fleming, a Bacteriologist, had become a specialist on certain families of common germs—the staphylocci and streptococci which can cause a variety of human ills from a whitlow to a death in childbirth. One day, when studying a colony of staphylococci on a plate of jelly, Fleming noticed something which every Bacteriologist had observed before; the colonies of organisms were there but they were being overwhelmed by an advancing forest of green fungus. This fungus is a common nuisance of the laboratory called Penicillium.

Penicillium makes the green fur on cheese, its spores come from the air. It appears on damp boots and in all kinds of unlikely places.

When Fleming saw this green mould he knew it had ruined his cultures. However, now we have the important moment—the creative inspiration. He made a logical induction. Lifting his mind above the commonplace he saw how the intrusive mould was acting. It was killing off the colony of germs. Others had seen the same thing but they saw it without comprehension and therefore without action. They merely cursed the Penicillium and did nothing, but Fleming asked might not such a power be exploited. To use the extract of a fungus to kill living germs was like calling in a harmless weed to eradicate a dangerous one. He began and Sir Howard Florey of Oxford completed those experiments which led to what we now call Penicillin.

Fleming has recently died and all mankind mourn the passing of a very great benefactor.

Social Conditions.

There were no changes in the social services during the year, and unemployment was negligible.

SECTION B.

General Provision of Health Services in the Area.

These remained unchanged from last year. However, the County Council completed the construction of a Clinic building by the end of 1954, and undoubtedly there will be some improvement in the Welfare Services in the near future.

Care of Mothers and Young Children.

Infant Welfare Clinic.

This Clinic is held twice a month throughout the year. Owing to difficulties in connection with the use of the Recreation Club, there was some uncertainty in the latter months. However, the Clinic was transferred to the new building, and no doubt I shall be able to record considerable progress in my next Report. The transition was a difficult period and my thanks are due to Mrs. Daniel and her Committee in this matter.

Details of the attendances at the Clinic can be found in Appendix B Table 1.

Anti-Natal Care.

No Ante-Natal Clinics are held but Doctors and Nurses examine their own patients either in their homes or at the surgeries.

Domiciliary Midwifery.

The District Nurses continued to attend expectant and nursing Mothers in their homes with the private practioners supervising the cases.

Health Visiting.

The District Nurses carry out the health visiting duties. This entails their attendance at school medical inspections, hygiene inspections, and the supervision of all special cases. In addition, Mrs. Pitt worked in the Town as Tuberculosis Health Visitor. She attends the Outpatients sessions at the Sanatorium and is in constant contact with the Area Chest Physician. She is assiduous in her following up of all Tuberculous contacts, particularly children, and in this way any cases where housing or any home conditions may be a contributory factor in the cause of the disease, she is able to inform the Public Health Department immediately. I am pleased to say that the Council have recognised their responsibility in this direction, and the co-operation between the Council as housing authority and the Area Chest Physician has been most satisfactory.

Home Nursing.

The District Nurses visit the homes to carry out any duties required by the general practitioners. Much of this work is concerned with the older members of the community. It is time consuming work which requires considerable devotion to duty.

Immunisation.

Throughout the year the Council have taken every opportunity to bring the need for immunisation against Diphtheria before

the public. The General Practitioners and District Nurses have continued to stress its importance. The General Practitioners immunised a number of their own patients, mainly in the pre-school age group, and the Doctor at the Clinic has immunised all those requesting this service. A total number of 108 primary immunisations and a further 153 booster immunisations were carried out in the Town during the year. See Appendix B Table 2 for details.

Vaccination.

66 Primary vaccinations were carried out, in addition to 9 re-vaccinations.

The danger of a Smallpox epidemic increases each year in direct proportion to the increasing number of susceptible or unvaccinated persons. "The most terrible of all ministers of death," as Macaulay described it, Smallpox has existed in the East from the remotest times, and it has left its mark on many an Egyptian Mummy. Crusades of the Eleventh to the Thirteenth Centuries spread this scourge to the West. The Spaniards introduced it to America early in the Sixteenth Century. Two Centuries later, but for its ravages in the Revolutionary Army, Britain might well have lost Canada. It is no respector of persons and Pepys in his diary records the ravages of Smallpox affecting many notabilities, among them Frances Stewart, the original of the figure of Britannia on our coinage.

Innoculation by various methods was practised in China, India and Persia for Centuries before it reached Europe. The practise of vaccination, with which the name of Edward Jenner (1798) will forever be inseparably linked, at first was violently opposed. Compulsory vaccination in England and Wales began in 1853 and ended with the advent of the National Health Service.

Home Help Service.

The Home Help Service organised by the County Council is readily available in the Area. It is my experience that the standard of work done by members of this service is most satisfactory, and greatly appreciated by those in whose homes they are employed.

Schoof Medical Service.

All the schools in the Town have been inspected by myself during the year, with the exception of Chard Junior, which had to be postponed until January, 1955. Details of these inspections can be found in Appendix B Table 4.

Each year during the medical inspections in the Summer term, I am appalled at the number of severe cases of sunburn among children. They and quite often adults are more enthusiastic than wise in their pursuit of sunshine and a becoming tan! Sunshine can, of course, be a potent and dangerous agent, injurious to skin and eyes when taken in excess. The range of safe dosage varies widely and is dependent on factors in the skin and constitution of the person sunbathing as well as the duration of exposure and intensity of sunlight. Light skins react more violently than do darker ones and they also show a greater readiness to chronic damage and dangerous sequelae.

Although the public is well aware of the hazards of sunburn, enough people get badly burned each year to justify some reminders. Because of the added absorption of rays reflected from sand and water, sunburn at a beach is more severe than that after the same period of exposure inland. It is also possible to get badly burned on a cloudy day. Small children should be provided with extra protection since they tolerate only about half the dose of ultra-violet irradiation than an adult does.

Another question which I am constantly led to put to parents at medical inspections is "Do your children get enough sleep?" This, of course, varies with age and individual children. A parent should try and assess the need of his own children and then try to keep to the known requirement. A "Late Night" is one which makes a child sleepy and listless next day. An occasional one does no harm, but bedtime routine should be preserved as far as possible. Television viewing is a chronic source of late nights. Children of all ages should have a quiet half hour or period of light relaxation before going to bed.

Parents who arrange for someone to sit in with their children when they go out should take care that they know one another. It can be very frightening for a child to wake up and find a stranger in the house. It can also be very frightening indeed for a child to wake up and find no one in the house. I cannot over stress the dangerous habit of some parents in going out in the evenings leaving their children asleep and alone. Parents must remember that a child's health depends on plenty of sound sleep.

School Dental Service.

Owing to the shortage of Dentists in the County Council's employ, the position in Chard remained unchanged in 1954, and no routine dental inspection of any kind was carried out in the Schools.

Orthopaedic Service.

Orthopaedic Clinics are held at Taunton and any children requiring attention are seen there by appointment. Copies of the Specialist's Report are forwarded to the School Medical Officer and he is thus able to ensure that any special requirements are carried out in school as well as in the home.

Opthalmic Service.

I, as School Medical Officer, examine the eyes of all school children and refer all defects to the Opthalmic Specialist who holds Clinics at Taunton Hospital. Once a defect has been found to exist the child is seen at regular intervals throughout its school life. If glasses are worn these are checked to see that they are suitable, and in serviceable condition.

Epileptics and Spastics.

The arrangements for these cases were given in detail last year and remain unchanged.

Blind Persons.

There are 14 registered blind persons in the Borough and 1 partially sighted. Appendix B Table 5 shows the details of the follow-up of registered blind and partially sighted persons who were reported during 1954.

Ambulance Service.

This service is provided by the County Council on week days, and is covered from the Taunton Ambulance Control. However, all night calls and service on Sundays is provided by the Chard Ambulance under the administration of Divisional Superintendent E. F. Brooks. Details of the use made of this can be seen in Appendix B Table 6.

Once again our thanks are due to Superintendent Brooks and his colleagues in the St. John Ambulance Brigade for the public service they carry out for the residents of Chard.

SECTION C.

Prevalence and Control Over Infectious and Other Diseases.

Apart from a few cases of Whooping Cough, very little infectious disease occurred in the Town during the year. Details of the cases can be seen in Appendix C Table 1. The 11 cases of Tuberculosis included those who came to reside in the Town whilst already suffering from the condition.

The Mass Radiography Unit visited the Town in April and a total of 1,772 persons attended for X-Ray. This beats the previous highest figure by over 650, and is a most satisfactory response. Of that total 6 active cases were discovered and a further 15 inactive.

We greatly appreciate the service of this Unit which I encourage to come to Chard each year. I would like to thank Col. F. K. L. Sandbach, the local Territorial Army Commander, for his kindness in allowing the Unit to use the Drill Hall during their visit.

The mortality figures for Tuberculosis are decreasing more convincingly than the numbers of new notifications, and it suggests that the treatment of the disease is advancing more rapidly than the preventative measures. The active prevention of Tuberculosis by means of B.C.G. vaccination is available for groups of persons exposed to infection, such as Nurses, Medical Staff in hospitals and close home contacts. I mentioned last year that the Minister of Health has intimated to Local Authorities that he is prepared to approve schemes for giving B.C.G. vaccination to children before leaving school, but so far no scheme has been prepared to deal with children in Somerset.

SECTION D.

Environmental Health Services.

A—Sanitary Circumstances.

Climatic Conditions.

A total of 32.47 inches of rainfall was recorded during 1954. This was higher than the previous year but a little below the calculated overall rainfall for the area which is 33.6 inches. This seems surprising when one records that it was a Summer of very little sun indeed. However, the early part of the year had been particularly dry.

Water Supply.

The quality of the water was satisfactory throughout the year, but at times the supply was short. Owing to the low yield from Well "A," pumps had to run for long hours to maintain a supply. The Council have under consideration a new scheme for high level supply.

Drainage and Sewage.

The Town's Sewage Disposal Works continued to work excellently. The effluent was of an extremely high standard and was probably one of the best in Somerset.

Camping Sites.

There are two licensed sites in the Town where the maximum number of caravans allowed is eight per acre.

Public Cleansing.

Weekly removal of refuse is carried out by direct labour, one Karrier refuse lorry being used. A second collection is made at the Hospital, Schools and Institutions. There is no special scheme in operation for the collection of trade refuse.

Rodent Destruction.

Routine surveys, inspections and treatments were carried out by the Council's Rodent Operator throughout the year. No heavy infestations were reported.

Swimming Bath.

There is one privately owned Swimming Bath in the Town where purification is by hand chlorination. Samples of the water are submitted for examination from time to time.

Smoke Abatement.

The Public Health Committee were most active during the year in preventing the harmful emissions of smoke from factory chimneys, although there is still a very great deal of smoke nuisance due to domestic chimneys.

Everyone knows the value of fresh clean air in the restoration of health even if they do not realize its importance in the maintenance of health. Yet we have not devoted to the air we breathe the same attention we have given to the purity of our supplies of water or food, and the provision of good housing. This is no doubt because there has not been an insistent public demand for action. In our cities and towns we have grown up in the belief that smoke and the resultant dirt, gloom and fog are necessary of urbanisation and industrialisation. We have regarded them almost as indications of prosperity—"where there's muck there's money."

But in December, 1952, came the four days' smog over London which killed 4,000 people and quite literally terrified the populace. The public were roused from their apathetic tolerance of atmospheric pollution and demanded action. The Press took up the cry. Smoke and fog became news and have remained so for over two years. We should be mindful of the danger because it will inevitably take time to secure general application of the available and practical preventative measures.

Factories Act.

Details will be found in Appendix D Table 2. In recent Reports I have called attention to the need for the incorporation of an Industrial Health Service within the framework of the National Health Service. I am pleased to say that the Minister has now formed a Committee to advise him how best to carry out this important step.

B—Housing

Reference to Appendix D Table 3 will show the progress made in 1954. A total of 55 houses was built, 50 of which were by the Council and in addition a further 57 were in the course of construction. Despite this progress we still have a long way to go to replace individual houses, and to satisfy the demand of the applicants on the waiting list.

As instructed by the Ministry, a Sub-Committee of the Public Health Committee commenced a survey of the Town to find out which areas should be considered for slum clearance. The work of the Sub-Committee was incomplete at the end of the year. However, from the inspections made it was obvious that there are a number of houses which, by reason of their bad arrangement or lack of hygienic amenities, will have to be demolished to make way for housing conforming to higher standards of living.

Housing for the Aged.

Probably half the time of General Practitioners, the District Nurses and the Home Helps and possibly the Hospitals, is taken up with details of the care and treatment of old people and these medical and sociological problems of old age take time. The position has now been reached that owing to the great advances in the treatment of acute illness, we are being left with a greater and greater problem of infirmity, and we are facing an increasing mass of chronic illhealth and chronic disease.

Undoubtedly the home is the right and proper place for the old person to spend his life and therefore the General Practitioner will be the main person concerned, but he is beginning to find that the purely clinical treatment of acute illness is not sufficient. Local Authorities are becoming increasingly aware that prevention or anyhow the control of degenerative disease, is more important than the treatment of the advanced case. It might well be that Advisory Health Clinics for old people, somewhat analogous to Infant Welfare

Clinics, could do much in this direction. Possibly there is a need for routine health examinations for the ageing and the aged.

Everyone must agree that it is more important to keep an old person healthy and active and leading a normal satisfying life, than to place him in institutional accommodation. It is also more economical. There are not enough beds now in Hospitals, and it is doubtful whether there ever will be sufficient to meet the demand, so that is why we must turn our thoughts away from institutional care to domiciliary care. The first requirement is more housing suitable to meet the needs of our ageing population.

C—Inspection and Supervision of Food.

Milk.

There are two registered distributors and eight registered dairy premises in the Borough. In addition three supplementary licences were issued to distributors whose dairies are outside the area.

Ice Cream.

There is one manufacturer and retailer of ice cream in the Town, and sixteen premises are licensed for the sale of prepacked products only. Samples were taken from time to time and all conformed to the required standard. See Appendix D Table 4.

Meat.

There was one slaughterhouse in the Town until the 1st July, 1954, when the Ministry de-controlled the slaughter of meat for human consumption. Now there are two licensed private slaughterhouses and this has resulted in an increased number of animals for inspection. Reference to Appendix D Table 5 will show the amount of meat which was condemned.

The Council continued to publicise the necessity for the careful handling of food and the need for strict hygiene in catering establishments.

In addition to the careful handling of food by retailers, many people handle their food badly at home. Many allow food, wholesome when purchased, to deteriorate in the house. Those who subsequently suffer from food poisoning make little effort to avoid a repetition of the same risks. Proper food storage is important to prevent food poisoning and avoid waste. Food poisoning and deterioration of food are caused by germs. They get into the food from human hands and breath, from flies, vermin and other animals. That is why it is so important to wash the hands before touching food and particularly after using the W.C., and why it is also important not to cough and sneeze over food.

All of us can eat a few germs without harm, but no one can stand eating many. The object of clean food handling and clean food storage is to stop germs getting on to food and to prevent any germs which have got on to it by mistake, from multiplying.

Storage Without a Refrigerator.

The best container for storage is the container in which the food has been cooked as this will be germ free due to the intense heat of cooking.

The best materials for storage are glass, aluminium or plastic as they are easily cleaned and do not readily get cracked. Enamel and earthenware which is free of cracks is suitable but both chip easily and then proper cleaning is difficult, if not impossible.

Suitable places for cool storage are underground cellars, rooms or larders on the north side of the house. Cool larders may be made by hanging an insect proof cabinet (with wire mesh sides) on a north wall.

Home made cooling containers of all sizes can be made by using the cooling effect of evaporating water. The food container is placed in an unglazed earthenware vessel containing water. A lid of similar material is placed over the top and the outside becomes damp. If this is left in a draught considerable cooling takes place.

Storage in a Refrigerator.

The refrigerator consists of two parts: a deep freezing unit where ice is made: and the main cabinet which is not kept at freezing point but at a low temperature at which germs grow very slowly if at all.

The refrigerator should be kept for those foods on which germs are most likely to grow, such as stews, gravies, fish dishes, etc., and refrigeration space should not be wasted on foods on which germs do not grow, such as dried or salted foods, fats and unopened tins.

Cooked foods should be cooled rapidly and placed in the refrigerator as soon as they are cool.

Spilt food should always be wiped away immediately. Defrosting and **after the thaw** thorough washing of the inside of the refrigerator should be carried out with a weak solution of bicarbonate of soda and then dried with a clean cloth.

APPENDIX A—TABLE 1

Registrar General's estimate of population mid 1954	5,400
Area	1,030 acres
Number of inhabited houses at the end of 1954 according to the Rate Book	1,706
Rateable Value	£34,397
Sum represented by a penny rate	£138

APPENDIX A—TABLE 2

BIRTH RATE:		M	F
Live Births:	Total	38	39
	Legitimate	36	37
	Illegitimate	2	2
Still Births:	Total	—	2
	Legitimate	—	2
	Illegitimate	—	—
Deaths of Infants under 1 year:	Total	1	—
	Legitimate	1	—
	Illegitimate	—	—
Deaths of Infants under 4 weeks:	Total	—	—

Birth Rate: 14.3 per thousand. Comparability Factor: 1.00.

APPENDIX A—TABLE 3

TABLE OF DEATHS:	Total	M	F
	72	34	38

Death Rate: 13.3 per thousand. Comparability Factor: 0.88.

Causes of Death:	Total	M	F
Diseases of Heart and Circulation.			
Vascular Lesions of Nervous System	10	4	6
Coronary Disease	7	3	4
High Blood Pressure	2	1	1
Other Heart Disease	3	1	2
Other Circulatory Disease	2	—	2
Cancer. Site			
Stomach	3	1	2
Lung	2	2	—
Breast	6	—	6
Other Sites	8	4	4
Bronchitis	10	6	4
Peptic Ulcer	1	1	—
Gastritis and Enteritis	1	—	1
Motor Accidents	2	2	—
Accidents (not motor)	3	3	—
Suicide	1	1	—
Other Ill Defined Causes	11	5	6

APPENDIX B—TABLE 1

CHARD CHILD WELFARE CENTRE

1.	Number of children who first attended during the year and who on the attendance were under 1 year of age	54
2.	Number of children in attendance at the end of the year who were then:	
	(a) under 1 year of age	42
	(b) over 1 year of age	98
3.	Number of children who attended the Centre during the year	823
4.	Total attendances during the year made by:	
	(a) children under 1 year	511
	(b) children over 1 year	312
	(c) Mothers	640
5.	Number of individual Mothers who attended	123
6.	Total number of sessions held:	
	(a) with Medical Officer	19
	(b) other sessions	1
7.	Number of children examined by Doctor	86
8.	Total number of medical consultations	222

APPENDIX B—TABLE 2.

DIPHTHERIA IMMUNISATION

Number of children who completed a full course of primary immunisation during 1954:

Age Groups	Under 1.	1 to 4.	5 to 14.	15 or over	Totals
	44	34	30	0	108

APPENDIX B—TABLE 3.

VACCINATIONS.

Age Groups	Under 1		1 to 4.		5 to 14.		15 or over.		Totals	
	P	R	P	R	P	R	P	R	P	R
	57	—	3	—	1	3	5	6	66	9

P—Primary Vaccination. R—Re-Vaccination.

APPENDIX B—TABLE 4.

Name of School	No. on Roll.	No. Inspected.	Date of Inspection	Children having milk.	Children having dinners.
Chard Infants'	162	132	1/3.12.54	97.53%	64.19%
Chard Junior	Not inspected this year.				
Chard Secondary Modern	309	68	6/8.7.54	50.16%	25.88%
	389	105	24/25.11.54	52.69%	28.79%

APPENDIX B--TABLE 5.

FOLLOW UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cateract.	Glaucoma.	Retro: Fibro:	Others.
(i) Number of cases registered during the year in respect of which para. 7 (c) of forms B.D.8 recommends:—				
(a) No treatment	—	—	—	—
(b) Treatment, (medical, surgical or optical)	1	—	—	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment:—	1	—	—	1

APPENDIX B—TABLE 6.

AMBULANCE SERVICE

Mileage: 2,728 Patients conveyed: 78

Patients conveyed classified as follows:—

Accident: 17 Emergency removals: 61

APPENDIX C—TABLE 1

Infectious Diseases

Measles	1
Whooping Cough	23
Erysipelas	2
Pneumonia	1
Puerperal Pyrexia	1
Sonne Dysentery	1

Analysis of Cases Notified.

	Under 1yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles		1										
Whooping Cough...	2	2	3	3	5	7					1	
Erysipelas											2	
Pneumonia						1						
Puerperal Pyrexia									1			
Sonne Dysentery									1			

Tuberculosis

Age Group	New Cases		Deaths	
	Respiratory	Non-respiratory	Respiratory	Non-respiratory
-1 ...				
1-5 ...	1			
5-15 ...	2			
15-25 ...	5	1		
25-35 ...	1			
35-45 ...				
45-55 ...				
55-65 ...				
65+ ...	1			
Totals...	10	1		

APPENDIX C—TABLE 2

Mass Radiography

Report of Survey at Chard, April, 1954.

		Male	Female	Total
Miniature films	Total	1025	747	1772
Large Films	Total Recalled	52	27	79
	Did not attend	2	1	3
	Normal	21	15	36
	Significant	26	11	37
	Under Observation ...	3	—	3

Tuberculosis Conditions

Active	M	F	Total	N.A.	Dr.	Disp.	San.
Primary Lesion							
Post-Primary unilateral	1	1	2			2	
Post-primary bilateral	1	2	3			2	1
Tuberculous Pleural effusion		1	1				1
Total	2	4	6			4	2
Inactive							
Primary Lesion	2	1	3	2		1	
Post-Primary Lesion	9	3	12	7		5	
Total	11	4	15	9		6	

N.A.=No action.
Dr.=Patient's own doctor.
Disp.=Under observation at Dispensary.
San.=Sanatorium treatment required.

Analysis of Tuberculous Cases.

Active Tuberculosis	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male				1		1	2
Female		3			1		4
Total		3		1	1	1	6
Inactive Tuberculosis							
Male	1	1	3	3	3		11
Female	1	1		2			4
Total	2	2	3	5	3		15

Non-Tuberculous Conditions:	Male	Female	Total
Abnormality Bony Thorax	1	—	1
Pleural Thickening	3	1	4
Bronchitis	3	—	3
Retrosternal Goitre	1	—	1
Eventration of Diaphragm	1	—	1
Old Rib Resection	1	—	1
Basal Fibrosis	1	—	1
Acquired Cardio Vascular Lesion.....	1	2	3
Lobectomy	1	—	1
Total	13	3	16

APPENDIX D—TABLE 1

Water Supply

Piped Supplies—results of samples taken for analysis:

Raw Water				Treated after going into supply			
Bacteriological		Chemical		Bacteriological		Chemical	
Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory
—	—	1	—	12	—	—	—

Water Supplies from public mains:

Direct to Houses		By means of Standpipes	
No. of Dwellinghouses	Population	No. of Dwellinghouses	Population
1,696	5,229	10	31

APPENDIX D—TABLE 2.

Factories Act, 1937

Inspections for the purpose of provisions as to Health
(Including Inspections made by the Sanitary Inspector)

Premises	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	37	11	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	25	8	2	—
TOTAL	62	19	5	—

Cases in which defects were found 5

Cases in which defects found were remedied 5

Outwork.

No. of outworkers in August List required by Section 110.

30 Making wearing apparel.
81 Lace, lace curtains and nets.

APPENDIX D—TABLE 3

Housing.

	Houses erected during the year	Houses in course of erection	**Gained** from conversion of large houses or buildings into flats or dwellings	**Lost** from conversion of two or more houses to one
Local Authority	50	54	—	—
Private Enterprise ...	5	3	—	—
Totals	55	57	—	—

Inclusive of those above built during the year.

Total number of houses in District 1,706

Total number of houses owned by Local Authority 480

No. of Post-War Houses erected to 31st December, 1954.		Programme for 1955.	
By Local Authority	By Private Enterprise	By Local Authority	By Private Enterprise
317	60	44	Unknown

(a) No. of unfit houses in the District but on which no formal action has been taken 51

(b) No. of houses which have been condemned under the Housing Acts as totally unfit 43

(c) No. of houses occupied under (a)..... 30

(d) No. of houses occupied under (b)..... 21

(e) No. of houses found overcrowded 9

(f) No of houses which on inspection were considered to be unfit for human habitation 3

(g) No. of houses the defects in which were remedied in consequence of informal action by the Local Authority or their officers 5

(h) No. of representations made to the Local Authority with a view to
(a) the serving of notices requiring the execution of works, or ... 2
(b) the making of demolition or closing orders 5

(i) No. of notices served requiring the execution of works 4

(j) No. of houses which were rendered fit after service of formal notices 4

(k) No. of demolition or closing orders made 5

(l) No. of houses in respect of which an undertaking was accepted under Section II of the Housing Act, 1936 2

(m) No. of houses demolished 8

Houses required

(i) To replace those unfit under (a)..... 51

(ii) To replace those unfit under (b)..... 21

(iii) To overcome unsatisfactory conditions, e.g.: two families living in same house but not included in (i) or (ii) 47

(iv) To abate overcrowding ..... Unknown

Total number of applicants for Council Houses at the end of the year... 231

Grants made under the Housing Act, 1949

No. of applications and houses dealt with by Local Authority:

	Received		Approved		Rejected	
	Aps.	No. of houses.	Aps.	No. of houses.	Aps.	No. of houses.
31.7.49 to 31.12.53 ...	1	1			1	1
During year	9	9	7	7	2	2
Totals	10	10	7	7	3	3

APPENDIX D—TABLE 4.

ICE CREAM.

No. of premises registered for:—

(a) Manufacture and retail	1
(b) Manufacture only	—
(c) Retail only	16

No. of samples taken:—	Hot Mix	Cold Mix
Grade 1	7	—
„ 2	9	—
„ 3		
„ 4		

APPENDIX D—TABLE 5.

Meat

Total number of animals slaughtered during the year	9,542
Approximate weight of meat condemned in lbs.:	
For Tuberculosis	5,161
Other	6,347